

30 Minutes

## SESSION I

### INTRODUCTION AND OVERVIEW

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Upon successfully completing this session, the participant will be able to :

- o State the goals and objectives of the course.
- o Define the term "drug" in the context of DWI enforcement.
- o Name the seven categories of drugs.
- o Describe the observable signs generally associated with the seven drug categories.
- o Describe medical conditions and other situations that can produce similar signs.
- o Describe the applicable laws relating to driving under the influence of drugs.
- o Describe the administrative per se requirements and procedures involved in DWI drug incidents.
- o Describe the procedures for obtaining, packaging and processing toxicology samples.

### CONTENT SEGMENTS

A. Overview

B. Objectives

C. Definition of "Drug"

D. Overview of Seven Drug Categories

E. Legal Issues

### LEARNING ACTIVITIES

o Instructor-Led Presentations

Aids	Lesson Plan	Instructor Notes
 <b>30 Minutes</b>	<p>INTRODUCTION AND OVERVIEW</p> <p>A. Welcoming Remarks and Overview</p> <p>1. <b>If this is taught as a stand alone curriculum begin here:</b> Welcome to the Drugs That Impair Driving. Introduce the Instructors.</p> <p>Ask participants to introduce themselves.</p> <p>2. <b>If this is taught as part of the SFST curriculum begin here:</b> Session purpose.</p> <p>a. The purpose of this session is to improve your ability to recognize suspects who may be under the influence of drugs other than alcohol or medically impaired and to take appropriate action when you encounter such a suspect.</p> <p>b. Alcohol certainly remains the most frequently abused drug, and most impaired drivers are under the influence of alcohol.</p> <p>c. But many other drugs also are routinely abused by many drivers.</p>	<p>Total Session Time: Approximately 30 Minutes</p> <p><b>Segment A: 5 Minutes</b></p> <p>Ask participants why they are taking the course and when they were trained in SFST. If any participants have not attended a SFST training program, they can not attend this module.</p>
 <b>Display I-1</b>		<p><u>Ask participants:</u> What drug is responsible for most DWI violations in America?"</p>

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 <b>Display I-2</b>	<p>d. It is highly likely that every experienced DWI enforcement officer has encountered at least some suspects who were under the influence of drugs other than alcohol or in combination with alcohol.</p> <p>e. Depending upon the specific types of drugs they have taken, some drug-impaired suspects may look and act quite a bit like persons who are under the influence of alcohol.</p> <p>f. But others will look and act very differently from alcohol-impaired suspects.</p> <p>g. It is important that you be able to recognize suspects who may be under the influence of other drugs, so that you will know when to summon assistance from physicians, other appropriate persons or trained Drug Recognition Experts.</p> <p>B. Goals and Objectives of Course</p> <p>1. Goal:</p> <p>To identify and apprehend individuals who are impaired by drugs.</p>	<p>Point out: that not all States have Drug Recognition Experts.</p> <p>Point out: Some States refer to DREs as Drug Recognition Technicians (DRT), Drug Recognition Evaluators (DRE) or Drug Recognition Specialists (DRS).</p> <p><b>Segment B: 5 Minutes</b></p>

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 Display I-3	<p>2. Objectives:</p> <ul style="list-style-type: none"> <li>a. To recognize impairment associated with drug use.</li> <li>b. To define "drug" as it relates to highway safety.</li> <li>c. To identify the seven categories of drugs and recognize the major observable indicators.</li> <li>d. To successfully document the impaired driving arrest.</li> <li>e. One important thing that this session <u>WILL NOT</u> accomplish: it <u>WILL NOT</u> qualify you to perform the functions of a Drug Recognition Expert (DRE).</li> <li>f. Officers become DREs only after they have completed a very challenging program that includes nine days of classroom training and many weeks of closely supervised on-the-job training.</li> </ul> <p>C. Definition of "drug"</p> <ul style="list-style-type: none"> <li>1. The word "drug" is used in many different ways, by many different people.</li> </ul>	Selectively reveal the objectives.  <u>STRESS THIS POINT</u>
 Display I-4		<b>Segment C: 5 Minutes</b>

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 <b>Display I-5</b>	<p>2. The corner <u>druggist</u> and the <u>U.S. Drug Enforcement Administration</u> are both concerned with "drugs", but they don't have exactly the same thing in mind when they use that word.</p> <p>3. And neither the druggist nor the DEA have the same perspective as the <u>DWI enforcement officer</u>.</p> <p>4. For our purposes, a "drug" is: any substance, which, when taken into the human body, can impair the ability of the person to operate a vehicle safely.</p> <p>a. This definition excludes some substances that physicians consider to be drugs. Example: nicotine.</p> <p>b. This definition includes some substances that physicians don't usually think of as drugs. Examples: model airplane glue, paint.</p> <p>D. Overview of Drug Categories</p> <p>1. The seven categories are organized on the basis of the physiological effects or signs that they produce.</p>	<p>Working definition is derived from California Vehicle Code, Section 312; 1992. This is the standard working definition as adapted by the IACP National Drug Recognition Expert Training Standards.</p> <p>Ask participants: What are some things that physicians would consider to be "drugs" that would <u>not</u> be covered under this definition?</p> <p>Ask participants: What are some common chemical substances that doctors don't usually consider drugs, but that definitely impair driving ability?</p> <p><b>Segment D: 10 Minutes</b></p> <p><u>Point out</u> that some medical texts may use different numbers of drug categories, with different names for the various categories.</p>

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	<p>a. The drugs that belong to a particular category produce basically the same effects.</p> <p>b. Basically, two different categories produce different effects.</p> <p>2. Within this enforcement-oriented definition, there are seven categories of drugs.</p> <ul style="list-style-type: none"> <li>a. Central Nervous System (CNS) Depressants</li> <li>b. Central Nervous System (CNS) Stimulants</li> <li>c. Hallucinogens</li> <li>d. Dissociative Anesthetics</li> <li>e. Narcotic Analgesics</li> <li>f. Inhalants</li> <li>g. Cannabis</li> </ul> <p>3. The exact incidence of drugged driving is not actually known. However, the following facts are known about this highway safety problem:</p> <ul style="list-style-type: none"> <li>a. Fact: In 2002, about 11 million illicit drug users admitted driving after using</li> </ul>	<p><u>Example:</u> Alcohol and Valium both are CNS depressants.</p> <p>A person under the influence of Valium will look, act and feel basically the same as a person under the influence of alcohol.</p> <p><u>Example:</u> A person under the influence of a CNS Stimulant will not look, act or feel exactly like someone under the influence of PCP.</p> <p>Selectively reveal each category.</p>
		<p>Solicit participants' questions concerning drug categories.</p> <p>Source: National Survey on Drug Use and Health (NSDUH), September 2003.</p>

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 <b>Display I-7</b> 	<p>an illicit drug.</p> <p>b. <u>Fact:</u> A study in California of young male (15-34 years old) drivers killed in crashes in the early 1980's revealed that more than half (51 percent) tested positive for drugs other than alcohol. The most prevalent drug (other than alcohol) was cannabis at 37%. 30% of all cases had both alcohol and cannabis.</p> <p>c. <u>Fact:</u> University of Tennessee (1988) found 40% of crash injured drivers had drugs other than alcohol in them.</p> <p>d. In 2004, 19.1 million Americans (7.9% of the population) aged 12 years or older were current illicit drug users.</p>	<p>Source: Compton, R. and Anderson, T. The incidence of Driving Under the Influence of Drugs: 1985, National Highway Traffic Safety Administration, 1985.</p>
 <b>Display I-8</b> 	<p>e. Marijuana was the most commonly used illicit drug in 2004, with 14.6 million.</p> <p>f. In 2004, 6.0 million people were users of psychotherapeutic drugs taken non-medically.</p> <p>g. In 2004, an estimated 2 million persons were current Cocaine users.</p> <p>E. Legal Issues</p> <p>1. Address the applicable state</p>	<p>Source: Washington Post, February 17, 1987.</p> <p>Source: Results from the 2004 National Survey on Drug Use and Health: National Findings.</p> <p>Source: Results from the 2004 National Survey on Drug Use and Health: National Findings.</p> <p>Source: Results from the 2004 National Survey on Drug Use and Health: National Findings.</p>
		<p>Segment E: 5 Minutes</p> <p>Ask participants' to discuss the</p>

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	<p>laws relating to DWI/Drugs with specificity.</p> <p>2. Discuss the administrative per se issues relating to ability to demand and obtain urine and/or blood tests.</p> <p>3. Discuss the procedures for obtaining, collecting and analyzing toxicology samples.</p>	<p>following questions regarding DWI/Drugs:</p> <ul style="list-style-type: none"> <li>- Does the same law apply to DWI alcohol and/or drugs, or are there separate laws?</li> <li>- Does the statute address operating a vehicle while under the influence or while being impaired.</li> <li>- Is there an additional, separate statute making general drug intoxication or internal bodily possession illegal?</li> <li>- What process is in place to obtain a urine and/or blood test for drug influence cases?</li> <li>- What basis of suspicion, i.e., reasonable cause, is required?</li> <li>- How is the blood or urine sample to be obtained?</li> <li>- How is the sample to be processed, i.e., packaged, deposited or delivered to the toxicology lab?</li> </ul> <p>Solicit participants' questions or comments concerning drug use and drug involvement in impaired driving.</p>